

Provincial and District Support Partner Meeting

Direct Service Transition to TA

July 28, 2011

Background

- Geographic alignment is moving well in most provinces, but is slow
- Reducing duplication and increasing coverage
- The shift from direct service delivery to technical assistance must be carefully planned

Update on labels

- District Support Partners
- Specialized Provincial Support Partners
- Geographic exceptions

District Approach for District Support Partners (cont.)

- Using TA for HSS and reduced direct service provision:
 - integration of services for HIV related interventions
 - quality improvement
 - supervision, mentorship
 - training
 - referral systems
 - data systems
 - HR
 - budgeting
 - work planning
 - supply chain

District Approach for District Support Partners

- Assistance at the district and sub-district level
- To strengthen health systems according to need
- To support the SAG PHC re-engineering plan

Specific Roles for DSPs

- Leadership and management skills development (practical , not academic): didactic and mentorship covering key areas in need of improvement, such as general management and budgeting , financial management and human resources management
- Planning support for both the short and long term at national, provincial, district and facility level (DSPs focusing on District and facility, PSPs on Provincial)
- Strategic operational evaluation, problem solving and solutions implementation
- Strengthening data management and strategic information systems and use, with a focus on tier 1 and 2 eKapa and DHIS in the next 1 to 2 years
- Strengthening systems that ensure quality improvement for individuals as measured by district level health outcomes
- Strengthening patient/client referral, linkage and follow up services across continuum of care
- Strengthening health Information, Education and Communication (IEC) & community mobilisation systems and efforts
- Skills development (pre and post service training of health workers, mentorship, and supervision systems including support to District Specialized Teams)
- Selective infrastructure, equipment and supplies support based on agreed criteria (addressing agreed critical gaps during next 1 to 2 years and strategic needs where comparative advantage or speed of partner is critical)
- Provision of specialized technical knowledge/skills as requested to support national priorities at the District and Provincial level (biostatistics, Epidemiology, Clinical Specialists, health economists, logisticians, IT specialists, etc)
- Provide intensive TA where necessary at facility level and links to community intervention for pediatrics, adolescents, and NIMART nurses

Human Resource Transition

- Human resources inventory and planning
 - easier: doctors and nurses
 - moderately difficult: data capturers, dieticians
 - more difficult: pharmacists, pharmacy assistants
 - very difficult: counselors, community outreach workers, trackers and tracers (for loss to follow up and loss to initiation of treatment)

Specialized Provincial Support Partners

- Expertise in a specialized area (e.g. TB, PMTCT, nutrition, QI)
- Part of Provincial Operational Plan
- Technical Assistance including training

Geographic Exception

- In a geographic area due to the organizations core business
- NGO/FBO, GPs